

# Arizona Christian School Tuition Organization, Inc.

## Grant/Scholarship Application



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ STUDENT NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PARENT/GUARDIAN NAME(S) \_\_\_\_\_  
LAST FIRST NAME(S) MIDDLE INITIAL

MAILING ADDRESS \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP STUDENT'S DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

CHRISTIAN SCHOOL THE STUDENT ATTENDS OR PLANS TO ATTEND (WHERE THE GRANT/SCHOLARSHIP WOULD BE APPLIED TOWARDS TUITION):

SCHOOL NAME: \_\_\_\_\_  
(PLEASE GIVE THE FULL NAME OF THE SCHOOL.) CITY

GRADE OF STUDENT IN SCHOOL YEAR 2007-2008 (PLEASE CIRCLE)

\*K IN SCHOOL YEAR \_\_\_\_ - \_\_\_\_ 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

\*STUDENTS PLANNING TO ATTEND KINDERGARTEN IN THE 08-09 SCHOOL YEAR MAY FIRST APPLY IN FEBRUARY, 2008.

SEE STUDENT ELIGIBILITY SECTION FOR MORE INFORMATION.

**ATTACHMENTS ARE REQUIRED. PLEASE ✓ THE ATTACHMENTS ENCLOSED WITH THIS FORM.**

**Federal Tax Return:** Please attach to this application a true copy of the parents'/guardians' most **REQUIRED** recently filed Federal Income Tax Return. Only pages 1 & 2 of your form 1040 are required. This information will be held in strictest confidence.

**Narrative:** Please provide a narrative discussing such things as the student's character, perseverance, **REQUIRED** citizenship, leadership, and community involvement. The child's age will be appropriately considered.

**Letters of Recommendation:** (Optional) One or more letters of recommendation from such persons **OPTIONAL** as a pastor, church leader, school leader, employer or other person from the community at large concerning the characteristics listed above are also welcome (maximum of three letters).

**PARENT SIGNATURE**

**MAIL OR FAX TO:**

I affirm that the attached income tax return documents are true and correct. A scholarship is requested for the benefit of the above named student.

\_\_\_\_\_  
*Signature of Parent/Guardian*

**ACSTO**

www.acsto.com

P.O. Box 6580 ♦ Chandler, AZ 85246

**PHONE:** (480) 820-0403 ♦ **FAX:** (480) 820-2027

**DUE BY:**

**Summer**

Due June 30, 2007

**For August Distribution**

This application will also be considered during our winter and spring distributions.

**Winter**

Due October 31, 2007

**For November Distribution**

This is for those that have not already applied in June. This application will also be considered during our spring distribution.

**Spring**

Due February 28, 2008

**For April Distribution**

For those that have not already applied in either June or October. All applications expire after this distribution.

**\*\*Please call ACSTO or visit www.acsto.com for more details on the new timeline**

**STUDENT ELIGIBILITY**

Awards made by ACSTO can only be used for tuition for students attending grades K-12 in a Christian private school. (See our website for a list of participating schools.) The student must be planning to attend K-12 by the semester following the award process. (Example: Brad will start Kindergarten in August 2008. I can send his application by the Feb. 28, 2008 due date. If an award is granted it would arrive at his school early April to help with his fall tuition.)